



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/876,014
Filing Date	06/07/2001
First Named Inventor	Jamie Edelkind
Group Art Unit	2133
Examiner Name	
Attorney Docket Number	2729-002

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

1. Client has failed to pay bills for services for over a year.
2. There is no Office Action on this case as yet.
3. No further action is pending at this time

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****A COPY OF THIS "REQUEST FOR WITHDRAW" HAS BEEN SENT TO THE CLIENT****

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer Number

OR

Place Customer Number
Bar Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	APOSTILLE, INC.				
Address	MR. JAMIE EDELKIND				
Address	P.O. Box 396				
City	Hull	State	MA	ZIP	02045
Country	USA				
Telephone	781-925-5892	Fax			

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 22208

This request is enclosed in triplicate (including any attachments).

Name	Jon L. Roberts
Signature	
Date	November 18, 2002

NOTE: Withdrawal is effective when approved rather than when received.**Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



11-19-02
#10
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jamie Edelkind

Serial No.: 09/876,014

Group Art Unit:

Filed: June 07, 2001

Examiner:

2615
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For: **System and Method for Identification of Media by Detection of Error Signature**

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Enclosed please find the following:

1. Application to Withdraw as Attorneys of Record (PTO/SB/83);

The Commissioner is hereby authorized to charge any fee deficiency, or credit any overpayment, to Deposit Account No. 18-1579. The Commissioner is also authorized to charge Deposit Account No. 18-1579 for any future fees connected in any way to this application. Two copies of this letter are enclosed.

Respectfully submitted,

Jon L. Roberts, Esq.

Registration No. 31,293

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November 18, 2002

Atty. Docket No.: 2729-002